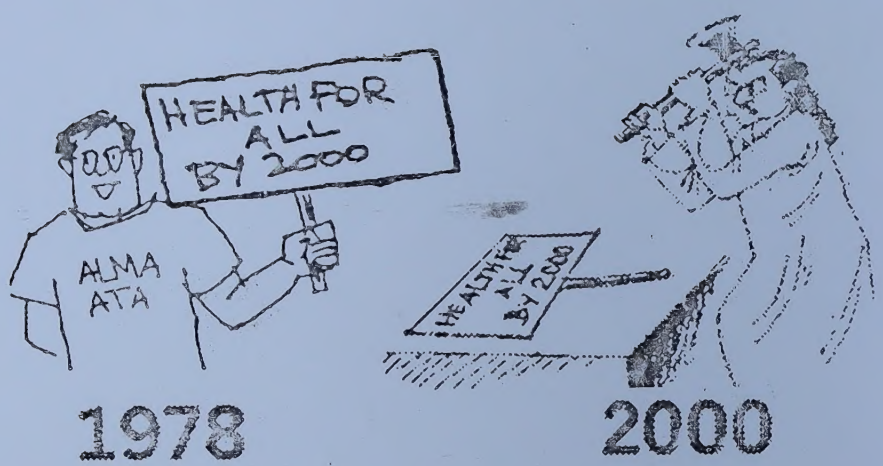
THE ALMA ATA DECLARATION IN 1978



<u>The Health for all was meant:</u>

The provision of primary health cares for everyone, irrespective of the ability to pay for it.

- The World Bank is pushing the idea of health care as a safety net

- With the least possible expenditure keep the poor from dying an spoiling the reforms (NEP)

POVERTY AND HEALTH RESEARCH

CHALLENGES FROM THE PERSPECTIVE OF THE POOR AND SOCIAL EXCLUDED – I

CONTEXT

- Poverty 
- Social and Economic inequalities (between and within countries and people) 
- People moving into poverty 
- People socially excluded or marginalized 
- Health consequences of poverty and marginalized are better documented
- New economic policies weakening state commitment to health of the poor
- Health sector reforms eroding effectiveness of weak public health system – particularly for poor
- Unregulated private sector growth undermining poor people's access to health

EMERGING CONSENSUS

POVERTY AND HEALTH RESEARCH

CHALLENGES FROM THE PERSPECTIVE OF THE POOR AND SOCIAL EXCLUDED – III

CASE STUDIES

- **HEALTH AND SOCIAL EXCLUSION**
  (DALITS and ADIVASIS in INDIA)

- **GLOBALISATION AND ITS EFFECT ON WOMEN**
  (gender approach to Health)

- **INDEBTEDNESS AND ILL HEALTH**

- **SOCIAL CONSEQUENCES OF TB**

- **BEDNETS FOR THE POOR**

- **ASSAULT ON THE BASIC DETERMINANTS OF HEALTH**

4

POVERTY AND HEALTH RESEARCH

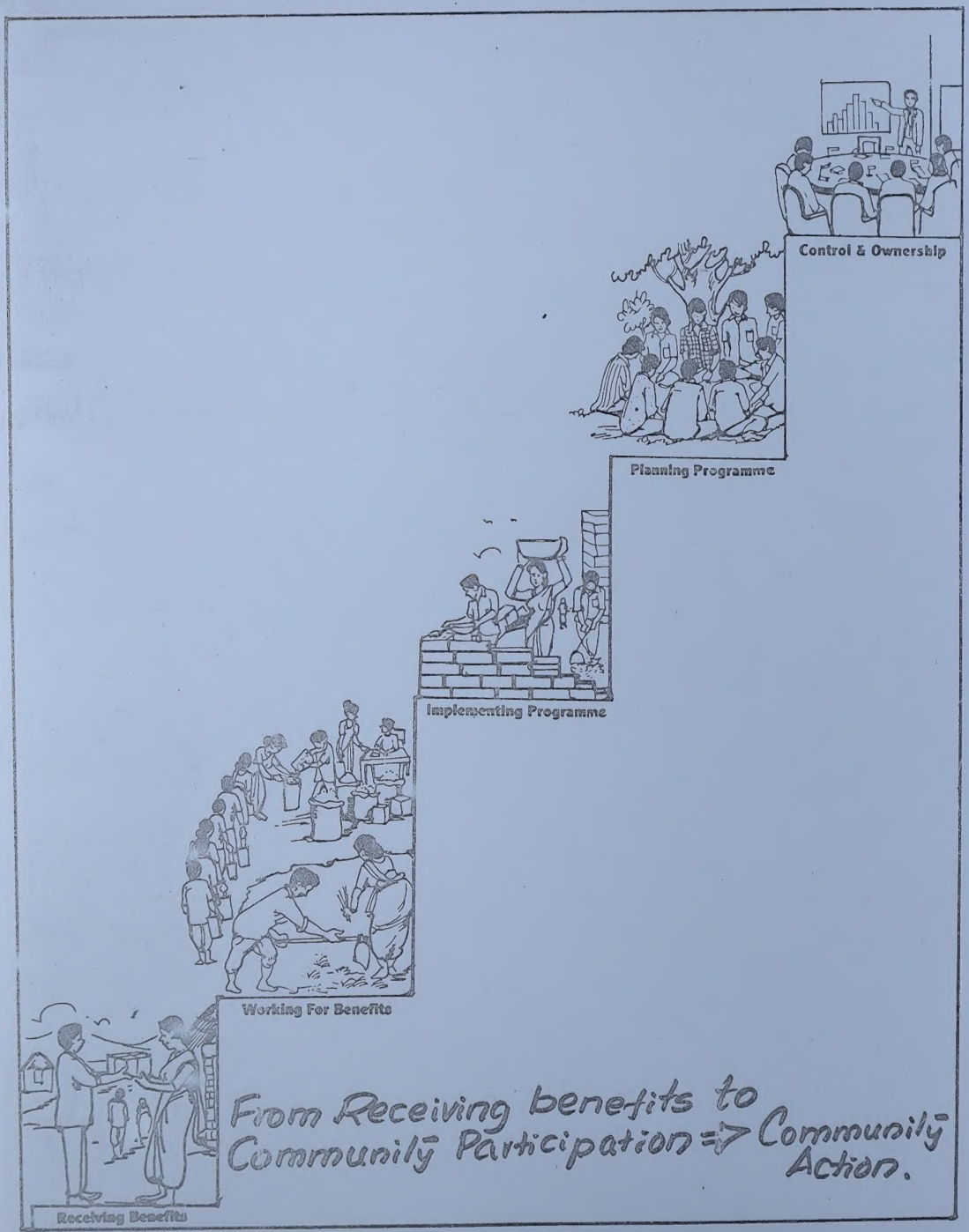
CHALLENGES FROM THE PERSPECTIVE OF THE POOR AND SOCIAL EXCLUDED – IV

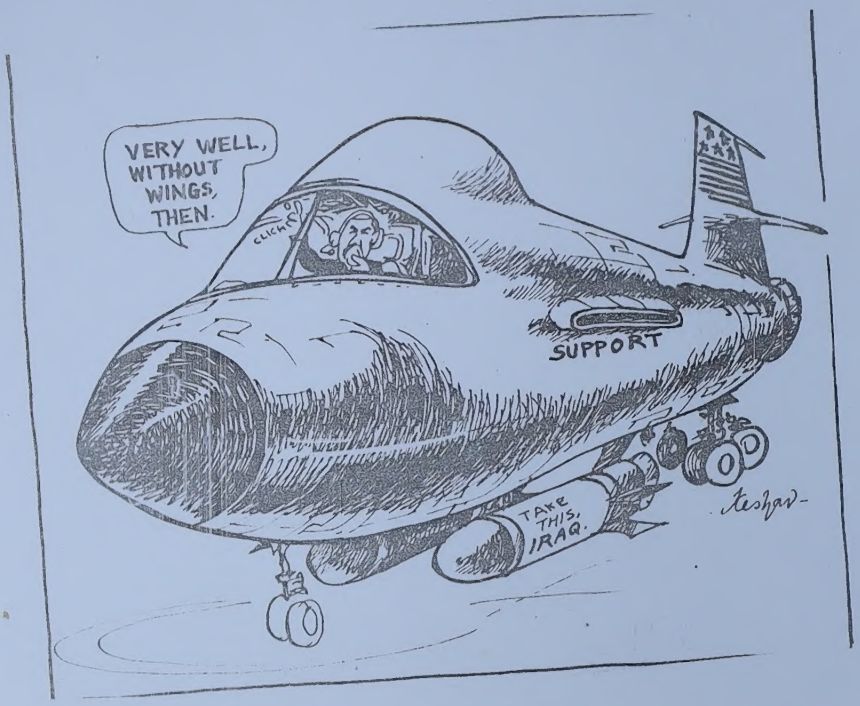
REACHING THE POOR – UNDERSTANDING THEIR LIVES

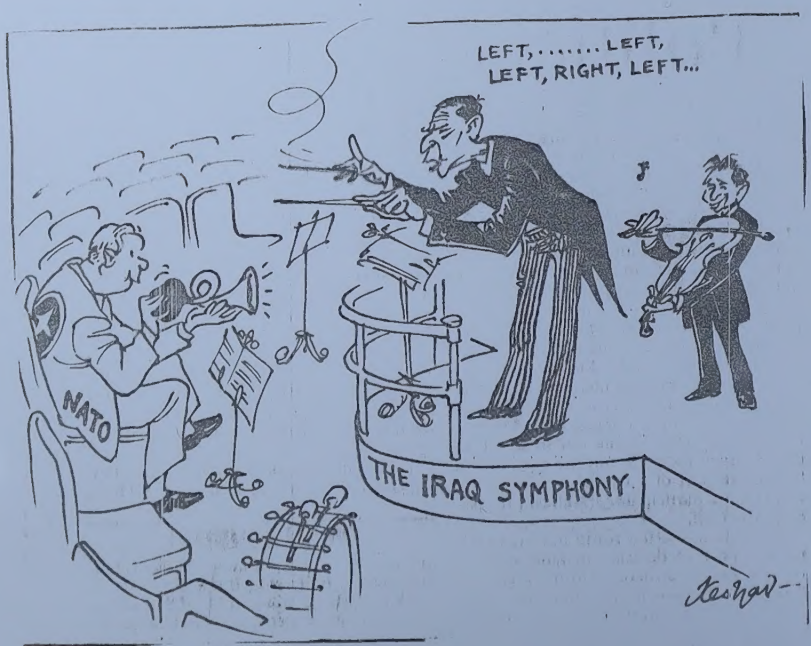
- **NUTRITION INSECURITY**
- **RURAL / URBAN INDEBTEDNESS**
- **HEALTH CARE EXPENSES**
- **PUBLIC HEALTH / PRIMARY HEALTH CARE DEVALUATION**
- **EXPLOITATION BY COMMERCIAL MEDICAL / HEALTH CARE**
- **ENVIRONMENTAL DEGRADATION**
- **UNEMPLOYMENT**

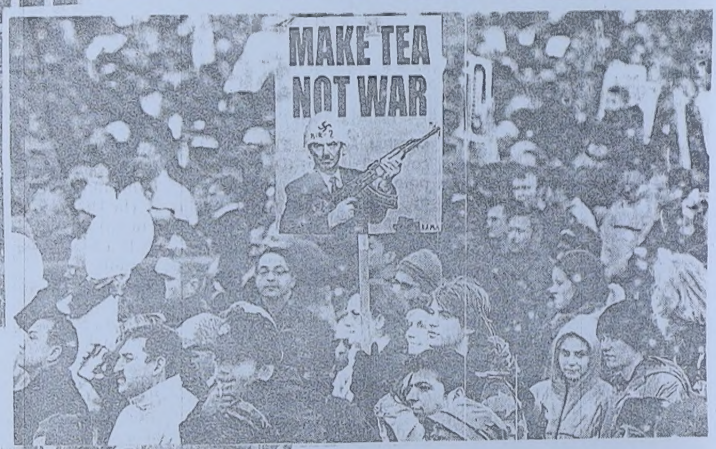
(Do our research strategies and protocols capture or contextualise these aspects?)

: EVOLUTION OF THE CONCEPT OF PEOPLE'S PARTICIPATION



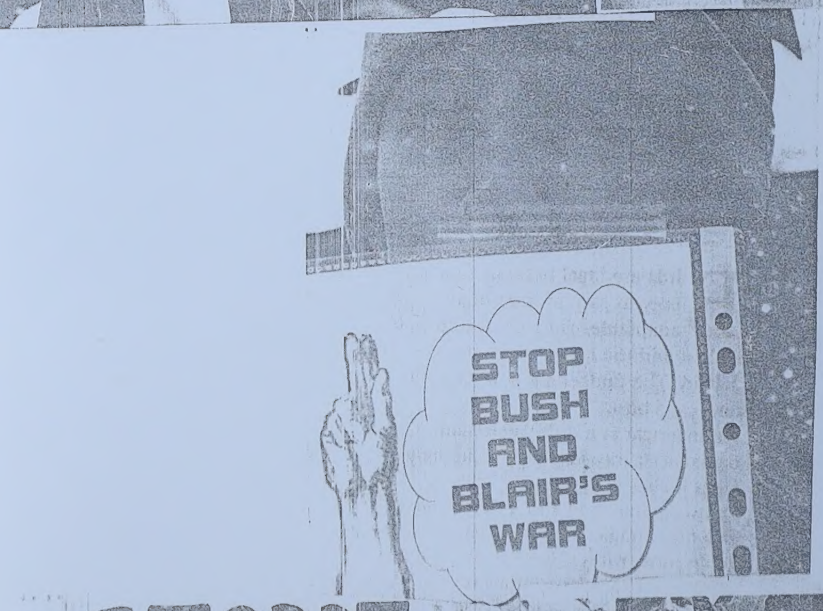

VERY WELL, WITHOUT WINGS, THEN.
CLICK!
SUPPORT
TAKE THIS, IRAQ.
Teshgar-


LEFT, ... LEFT,
LEFT, RIGHT, LEFT...
NATO
THE IRAQ SYMPHONY
Teshgar--


MAKE TEA
NOT WAR


ACT NOW STOP WAR END RACISM
WAR END RACISM

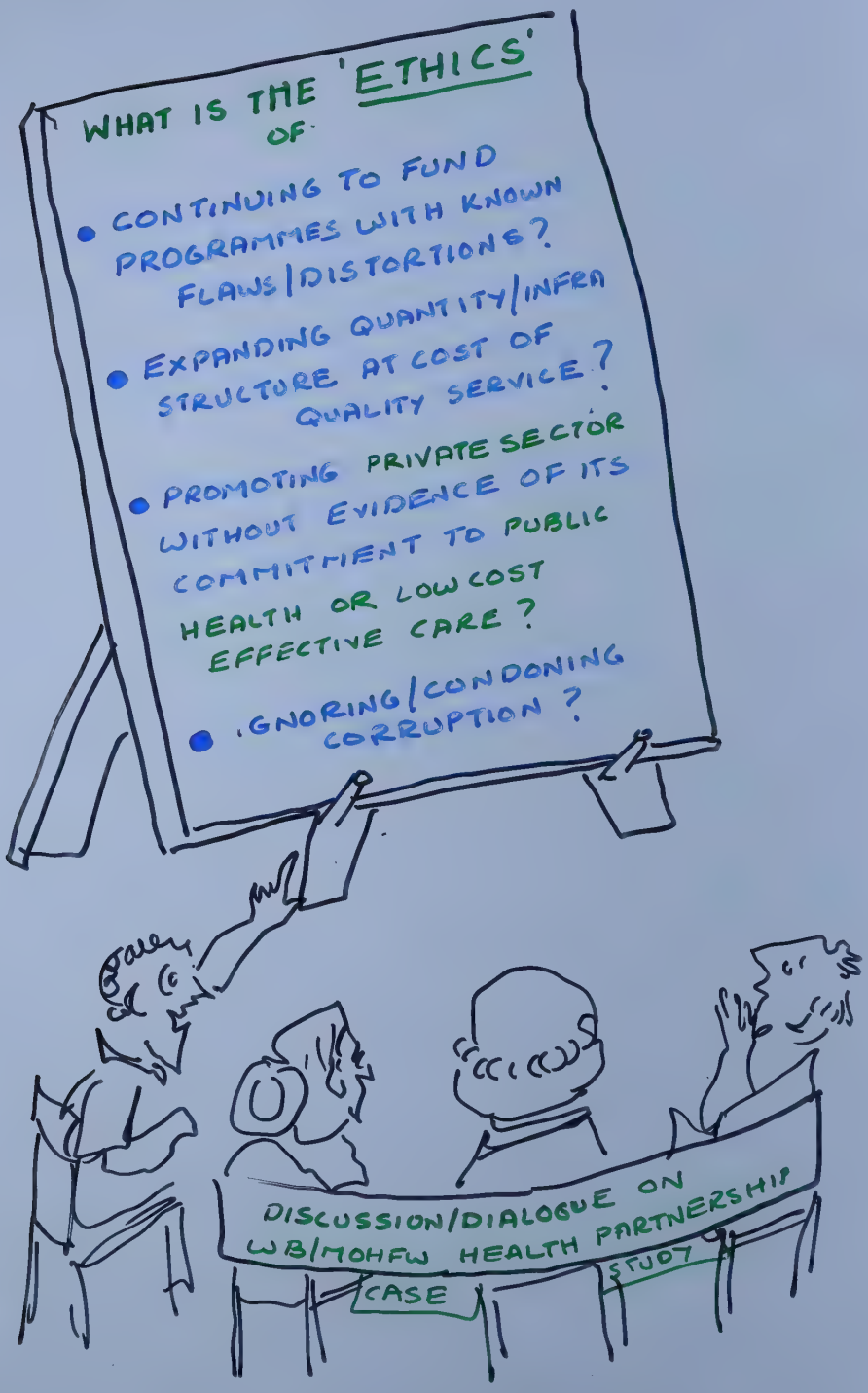

UN


STOP
BUSH
AND
BLAIR'S
WAR


STOPPT
BUSH
US DON'T KILL
BROTHERS & SISTERS
IN IRAQ


CASE STUDY: WORLD BANK
HEALTH SECTOR ACTIVITIES
IN INDIA
COMMENTS:
1. PUBLIC HEALTH
2. PRIMARY HEALTH CARE
3 PARTNERSHIP - MANDATE?
4. ETHICAL ISSUES
5. MANAGEMENT ISSUES
6. POLITICAL ECONOMY
SOCIETY FOR COMMUNITY HEALTH
AWARENESS, RESEARCH + ACTION

CHC


WHAT IS THE 'ETHICS' OF
• CONTINUING TO FUND PROGRAMMES WITH KNOWN FLAWS/DISTORTIONS?
• EXPANDING QUANTITY/INFRA STRUCTURE AT COST OF QUALITY SERVICE?
• PROMOTING PRIVATE SECTOR WITHOUT EVIDENCE OF ITS COMMITMENT TO PUBLIC HEALTH OR LOW COST EFFECTIVE CARE?
• IGNORING/CONDONING CORRUPTION?
DISCUSSION/DIALOGUE ON WB/MOHFW HEALTH PARTNERSHIP
CASE
STUDY

CHC

MANAGEMENT ISSUES

- WHY 'QUANTITY' RATHER THAN 'QUALITY'?
- WHY SO LITTLE THOUGHT TO
  - ACCOUNTABILITY?
  - TRANSPARENCY?
  - OWNERSHIP? PROFESSIONAL? COMMUNITY?
- WHY ONLY 'USER FEES'
  - NOT DIVERSE FUNDING OPTIONS INCLUDING ADVOCACY FOR HEALTH BUDGET INCREASE?
- WHY NOT INDEPENDENT, CREDIBLE EXTERNAL EVALUATION?
- WHY IGNORING HEALTH TEAM MANAGEMENT ISSUES?

CAUTIONS

- NO IMPORTED SOLUTIONS PLEASE
- BASE ON LOCAL EXPERIENCE AND EVIDENCE
- BE FLEXIBLE TO HANDLE COUNTRY'S DIVERSITY
- ACCEPT MISTAKES AND LEARN FROM THEM
- RECOGNISE DYNAMIC NATURE OF EMERGING SITUATION


IPP VI-VIII
STATE HSDP
FW
ICDS
AIDS
NRHM
PUBLIC HEALTH COMPETENCE
OF POLICY MAKERS AND CONSULTANTS
PUBLIC HEALTHCARE SYSTEM
ECONOMIC FACTORS
TECHNO-MANAGERIALISM
PUBLIC HEALTH DEVALUED
FOCUS ON POOR IEQUIT-I LOST
NUTRITION FORGOTTEN
SOCIO-EPIDEMIOLOGY IGNORED
REGIONAL DIVERSITY DISPARITIES IGNORED
HEALTH EDUCATION WASTED RESOURCES

CHC

POLITICAL ECONOMY

LARGER ISSUES AGAINST WHICH HEALTH ACTION HAS TO BE CONTEXTUALISED

NEEDS DEEPER ANALYSIS TO GET CORE OF PROBLEM

CASE STUDY

IGNORES POLITICAL ECONOMY !!

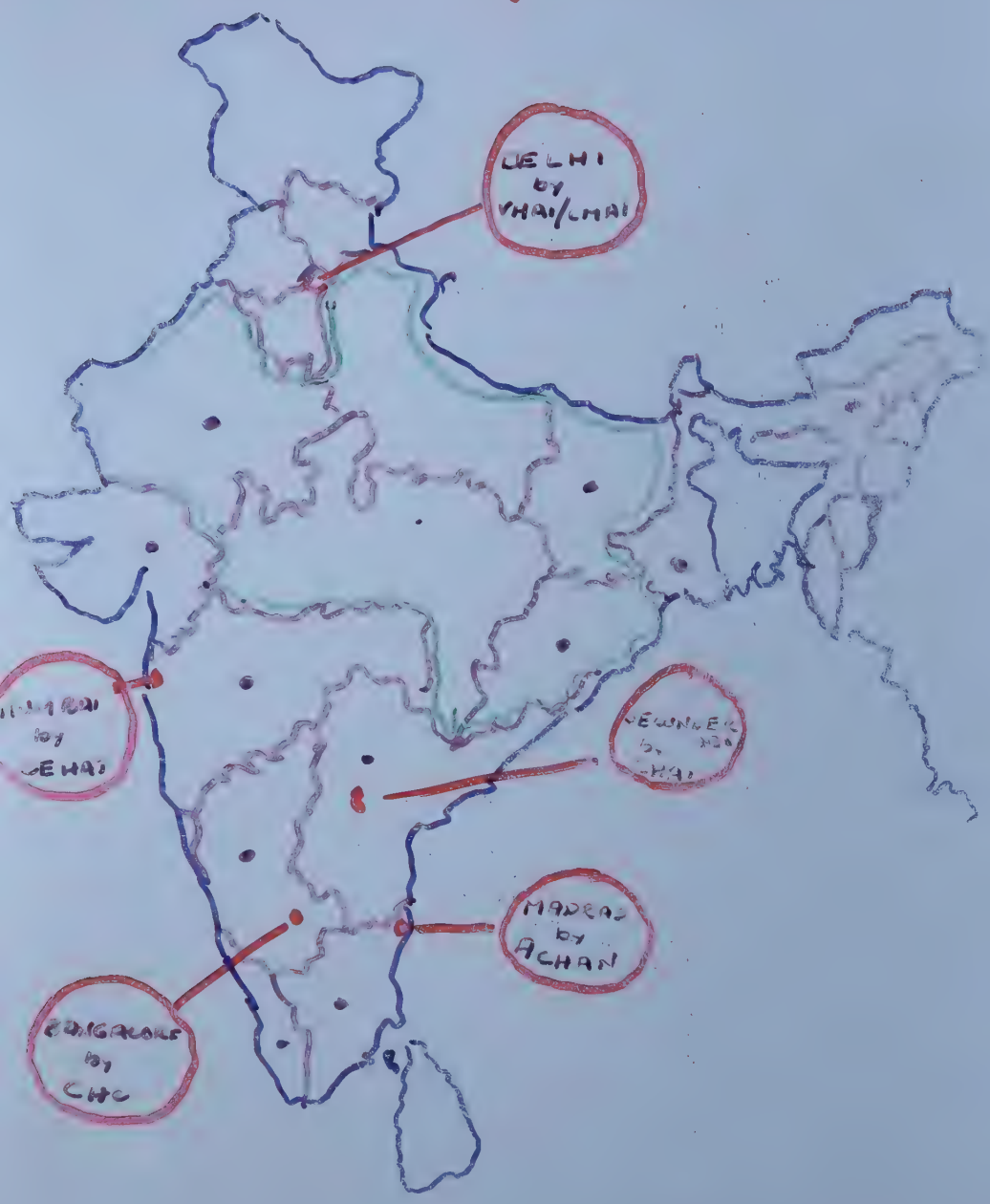
CHC


MOVEMENTS
We don't want the bridge along side the river but to cross the river.
WHO HAS GIVEN THE WB MANDATE TO INFLUENCE IMPOSE POLICY? DISTORT/IGNORE NATIONAL POLICY
HEALTH WATCH
PAC
LEGAL SYSTEM
POLITICAL SYSTEM
CIVIC SOCIETY
USER FEES
DOTS
IBN
GBD DALY
LOANS
NEW VISION HEALTH FOR ALL
ALMA-ATA COMMITMENT
NEPHS-89
ICSSR-ICMR
NFA-81
NHP-1982
BHORE REPORT
ICMR
AIV Approach 1976
1980
maxi

RENEWING HEALTH FOR ALL

POLICY DIALOGUE (W.H.O)

(APRIL 1997)



CONCERNS

⇒ DALY

⇒ FOOD AND NUTRITION

⇒ HEALTH PROMOTION

⇒ PUBLIC HEALTH

⇒ SCIENTIFIC EVIDENCE

⇒ PRIORITY SETTING - Global Vs Local

⇒ IMPLEMENTATION GAP

PARTNERSHIP → 2000 A.D

Paradigm Shift →

EXPANSION	→	CONSOLIDATION
QUANTITATIVE	→	QUALITATIVE
PROJECTS	→	PROCESS
Individual Projects	→	REGIONAL COLLECTIVITY
MEDICAL	→	HEALTH
National / State	→	Regional / Local
PROVIDING	→	ENABLING
Standard Packages	→	Alternative Approaches (Creative)
SOUTH / WEST	→	NORTH & EAST
Basic Training	→	CONTINUING EDUCATION
Community as Beneficiary	→	Community as Participant
Funding Agency as Major Great Agency ↓ FINAL DECISION	→	SOLIDARITY PROVIDING ORGANISATION ↓ ENDORSEMENT OF LOCAL COLLECTIVE DECISION

GOVERNANCE ISSUES IN PUBLIC HEALTH SYSTEM

GOVERNANCE	VICIOUS CYCLE	VIRTUOUS CYCLE
PUBLIC HEALTH SYSTEM	ABSENT OR ↓	↑ AND INSTITUTIONALISING
PEOPLE ORIENTATION	LACK OF POLICY	BASIS OF POLICY FRAMEWORK
PUBLIC SECTOR INVESTMENT	INADEQUATE INAPPROPRIATE ↓	ADEQUATE /APPROPRIATE ↑
MANAGEMENT SUBSYSTEMS	INEFFICIENT	ACCOUNTABLE/TRANSPARENT
SERVICE DELIVERY SUBSYSTEMS	INEFFICIENT	ACCOUNTABLE/TRANSPAREN
INTER-SECTORAL COORDINATION	LACK OF ↓	STRONG ↑
QUALITY OF CARE	POOR OR ↓	HIGHEST PRIORITY AND ↑
COMMUNITY PARTICIPATION	INADEQUATE	AT ALL STAGES

Source: Abu Barkat, Bangladesh
South Asian Poverty + Health Dialogue
Bangalore - Nov 1999

GAVI - continued

- "The emphasis on the introduction of new and under-used vaccines in GAVI reflects a more general shift away from equity towards technological innovation and disease eradication in global health programmes. This appears to indicate a fundamental move in vaccine policy from the values of the Post-Alma Ata (PHC) era."

  Source: Hardon A. Immunisation for All? HAI Europe, 2001: 6(1).

DEFINITION

RIGHTS PERSPECTIVE NOT SAFETY NET

EQUITY

INSTITUTIONAL FRAMEWORK DETERMINANTS

COMMUNITY NOT INDIVIDUAL PREOCCUPATION

DECENTRALIZATION

COMMUNITY OWNERSHIP

SOCIAL PARADIGM

CAMPAIGNS + NETWORKS

(CHFO 7/3/06)

INTERNATIONAL HEALTH SOLIDARITY/FUNDS

FOCUS

HSD/PHC/PH/DC.

OBJECTIVES

(Comprehensive vs Selective)

TYPE

(LOAN/GRANT DONATION)

OWNERSHIP

LEADERSHIP

PROGRAMME COMPONENTS ?

PARTNERSHIP & LINKAGES

FLEXIBILITY FOR ADAPTATION / INNOVATION

SOCIAL DETERMINANTS

(EQUITY/GENDER MARGINALISATION)

OVERLAP – DUPLICATION – INTERSECTORALITY

ETHICS

COMMUNITY PARTNERSHIP

DECENTRALIZATION (PRI's)

POLITICAL ECONOMY

ROAD MAP

THEME : COMMUNITY HEALTH AND DEVELOPMENT : APPROACHES/OPTIONS IN RESEARCH.

BACKGROUND

PERSPECTIVE

COMMUNITY HEALTH AND DEVELOPMENT – OVERVIEW 1946-2000

HEALTH CARE SYSTEMS

SYMPOSIUM PERSPECTIVES

RESEARCH CHALLENGES SOME QUESTIONS

CASE STUDY IF TIME PERMITS

A) MALLUR VILLAGE HEALTH AND ECONOMICS

B) GBD-DALY MYSTIQUE

Q

Q

Q

Q

24

STUDIES IN INDIA — 1980 →

HEALTH SPENDING (COUNTRY)

HEALTH SERVICE SPENDING (FUNCTIONAL CATEGORIES)

SPENDING FOR POPULATION SUBGROUPS (Urban/Rural, Economic Classes, Caste/Ethnic)

COMPARISON OF STRATEGIES WITHIN PROGRAMMES (FP Service Delivery, Alternatives for Polio immunization)

COST OF HEALTH CARE (HOUSEHOLD)

COST OF HEALTH CARE-CURATIVE (TRIBAL BLOCK)

HOSPITAL COSTS (GOVT)

PVT SECTOR COSTS

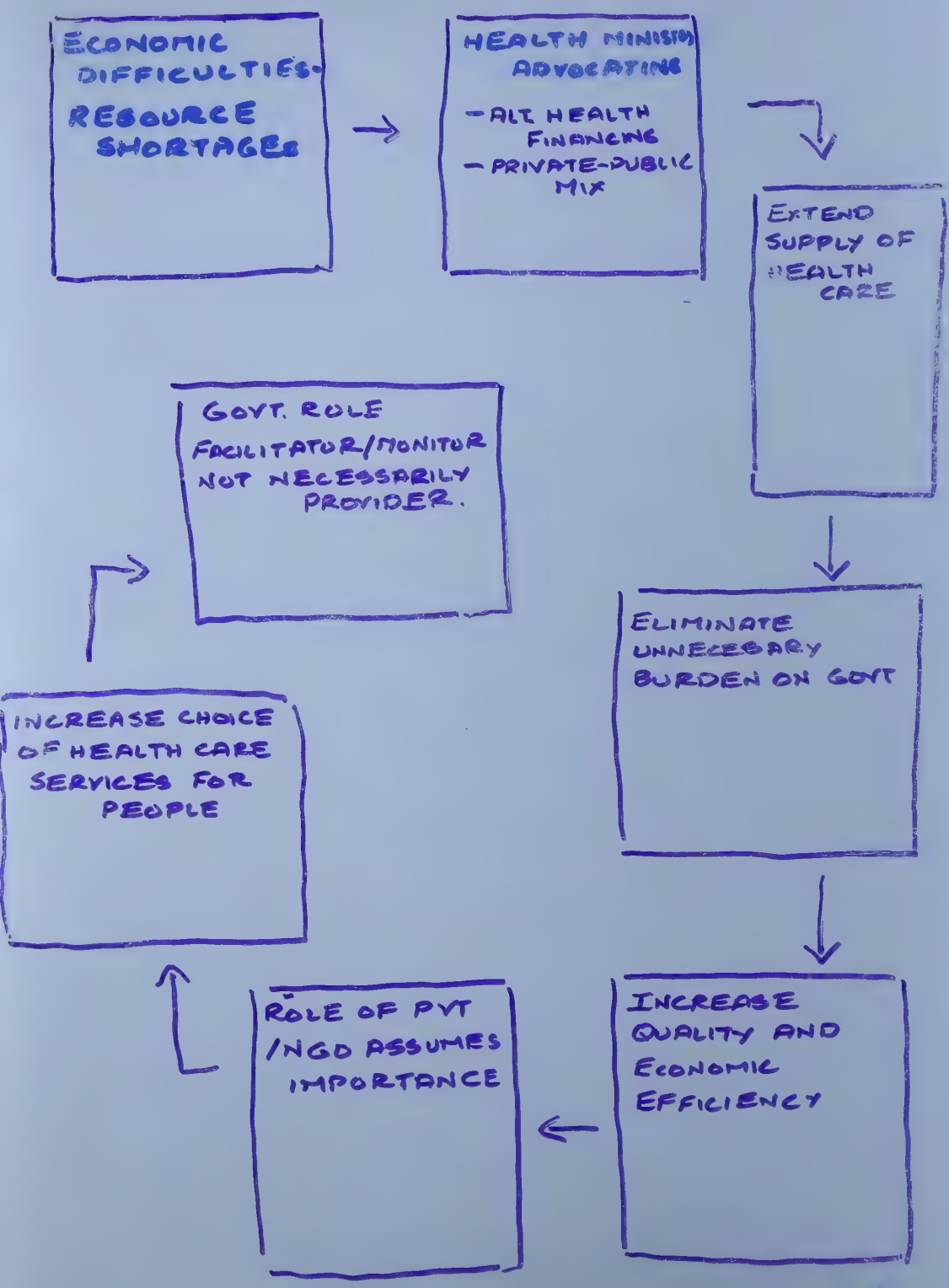
TB CARE COSTS

HEALTH CARE INSURANCE SCHEMES (GOVT & NGO)

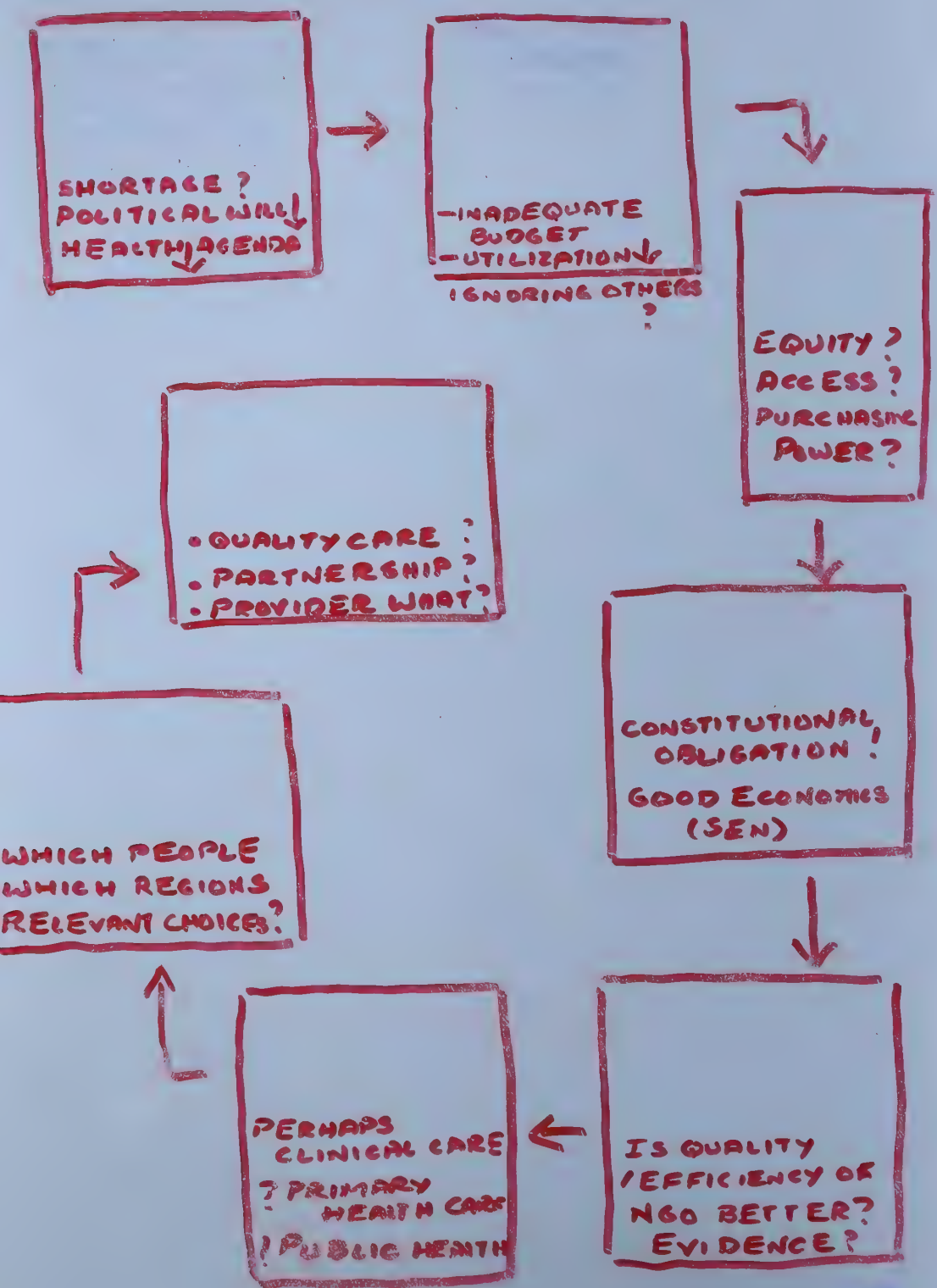
COMMUNITY & SELF FINANCING (VOLUNTARY HEALTH ORGANISATIONS)

ECONOMIC EVALUATION ??

SYMPOSIUM PERSPECTIVES



RESEARCH CHALLENGES



WE RECOGNISE

POTENTIAL OF

- ⇨ POOR PEOPLE THEMSELVES ESPECIALLY WOMEN
- ⇨ COMMUNITY BASED EFFORT
- ⇨ PEOPLES MOVEMENTS
- ⇨ LOCAL GOVERNANCE SYSTEMS

POSITIVE ROLE OF

- ⇨ PUBLIC HEALTH INTERVENTIONS BY GOVERNMENT
- ⇨ SOLIDARITY NETWORKS EMERGING
  - LOCAL
  - NATIONAL
  - REGIONAL
  - GLOBAL

(In Health and Development)

WE COMMIT TO (I)

TACKLING BASIC DETERMINANTS OF ILLHEALTH AND DEVELOPMENT

- ⇨ Reduction of socio-economic disparities / deprivation
- ⇨ Equity focus in all programmes
- ⇨ Generation of full employment with living wage
- ⇨ Intersectoral mobilization (food, education, shelter, employment)
- ⇨ Tackling Nutrition and Food security
- ⇨ Greater resource allocation for health and basic needs
- ⇨ Careful study of new economic policies ('evidence' not 'hard sell')

WE COMMIT TO (II)

TACKLING BASIC HEALTH WITH FOCUS ON MARGINALISED

- ⇨ Democratic decentralisation in public health systems
- ⇨ Affirmative action for poor and vulnerable
- ⇨ Emphasis on integrated primary health care and community health action
- ⇨ Organising community to make its own diagnosis and decision making

BUILDING EMPOWERMENT STRATEGIES

- ⇨ Empowerment of women, children and disadvantaged
- ⇨ Peoples movements and campaigns
- ⇨ Equity oriented networks

CONCLUSIONS

HEALTH IS

- ⇨ FUNDAMENTAL HUMAN RIGHT
- ⇨ INTEGRAL PART OF HUMAN DEVELOPMENT

'HEALTH FOR ALL' - CORNERSTONES ARE:

- ⇨ EQUITY
- ⇨ SOCIAL JUSTICE
- ⇨ EMPOWERMENT
- ⇨ HUMANE GOVERNANCE

WORK TOWARDS MOVEMENT

- ⇨ Removing ill health
- ⇨ Eradicating poverty
- ⇨ Tackling broader determinants of health and under-development
- ⇨ Tackling inequitous global system

TOWARDS HEALTH FOR ALL NOW?

PEOPLE'S HEALTH IN PEOPLE'S HANDS – III

MANAGEMENT STRATEGY

WHAT WORKS	WHAT DOESN'T WORK
1. FOCUS ON PEOPLE AS PARTICIPANTS	FOCUS ON PEOPLE AS CLIENTS / BENEFICIARIES
2. FOCUS ON ENABLING / EMPOWERMENT	FOCUS ON PROVIDING / DISTRIBUTING
3. FOCUS ON LOCAL PLANNING (COMMUNITY HEALTH COMMITTEES)	FOCUS ON NATIONAL / GLOBAL PLANNING (EXPERT COMMITTEES)
4. FOCUS ON PROFESSIONALS AND SUPER SPECIALISTS	FOCUS ON FRONT LINE HEALTH WORKERS / ORGANISERS / FACILITATORS
5. FOCUS ON SUPPORTIVE PROBLEM SOLVING SUPERVISION	FOCUS ON 'POLICING' AND FAULT FINDING SUPERVISION

Source : Ravi Narayan, CHC India, 2003

COMMUNITY HEALTH WORKER

- GLOBAL OVERVIEW

- COMMUNITY HEALTH WORKER
- VILLAGE HEALTH WORKER
- COMMUNITY HEALTH AIDES
- BAREFOOT DOCTORS
- COMMUNITY HEALTH AGENTS
- RURAL HEALTH PROMOTERS
- NATIONAL HEALTH GUIDES
- FAMILY HEALTH EDUCATORS

- AID POST ORDERLIES
- SECOURISTES / HYGIENISTE

- HEALTH POST
- HEALTH

GLOBAL BURDEN OF DISEASE STUDY

- WB/WHO collaboration
- FOR WDR-1993 REPORT
- RESPONSE TO LIMITATIONS TO OBTAINING COMPARABLE HEALTH INFORMATION

- 137 MAJOR CAUSES OF DEATH BY AGE/SEX (FOR WORLD AND 8 GEO-REGIONS)
- 483 DISABLING SEQUELAE (Incidence/Prevalence/Case Fatality rates)
- Fraction of mortality and disability attributable to 10 major risk factors (age/sex/region)
- Projection scenarios of mortality/disability

COMMENDABLE EFFORT!

BUT →

SOURCE: CHC, Bangalore (RN)(PM)

CRITIQUE

(GENERAL)

- BANKER'S NEED:
  CREDITWORTHINESS INDEX !
- MYSTIFICATION →
- UNIVERSALIZATION →
- QUALITY DIVERSITY OF H.I. Systems (OF countries ignored)
- COMPOSITE-NESS MASKS HETEROGENIETY
- TOP-DOWN HARD SELL !
  NORTH ON SOUTH →

∴ SHOULD WE IGNORE →
REJECT →
HELP TO DEVELOP FURTHUR →

(DILEMMA)

SOURCE: CHC, Bangalore (RN) (PM)

THE 'DALY' INDEX

[TECHNICAL CRITIQUE] I

(1) • EXTRAPOLATES FROM AVAILABLE DATA FROM ANY LEVEL

(2) • IGNORES PSYCHOSOCIAL ORIGINS AND SOCIAL DETERMINANTS OF DISEASE

(3) • ETHICAL ISSUES / EQUITY / ACCESS IN SOCIAL CHOICES UNDERPLAYED

e.g Like health outcomes as like ? Premature death in a 40 yr male slum vs wealthy suburb Is it same?

(4) • MODEL LIFE TABLE OF WEST USED AND LE OF JAPAN (Valid?)

(5) • HIGHER WEIGHTS FOR ADULT PERIOD COMPARED TO YOUNG & ELDERLY (? MARKET PARADIGM)

SOURCE: CHC Bangalore (RN) (PM)

TECHNICAL CRITIQUE (CONTD)

(6) WEIGHTAGE FOR DISABILITY NOT EQUALLY APPLICABLE TO ALL COUNTRIES
? COPING MECHANISMS
? NEEDS Different

(7) NEEDS VALIDATION !
ASSUMPTIONS / CHOICES

(8) EXCESSIVE TECHNO-MANAGERIAL CONTENT – ETHICAL / SOCIAL / CULTURAL FACTORS RELATIVELY IGNORED

(9) MULTIFACTORIAL NATURE OF MORTALITY / DISABILITY IS NOT CAPTURED (-or comorbidity)

(10) OTHER INDICES IGNORED

Source: RN/PM CHC-Bangalore

GBD/DALY

S: HEALTH/PUBLIC HEALTH INTO DEBATE (PUBLIC)

DEBATE ON SOCIAL VALUES AND SOCIAL DETERMINANTS

DISABILITY/MORBIDITY

W: MYSTIFICATION

GLOBALISATION

MARKET PARADIGM

O: STIMULUS TO CONSTRUCT OUR OWN 'INDEX'

IMPROVE HEALTH INFO SYSTEM

STIMULATE CROSS CULTURAL RESEARCH

T: ACCEPT WITHOUT SERIOUS DEBATE

ALLOW DALY TO BE EXPRESSION OF NEO-COLONIALISM

→ WRONG DIRECTIONS

WHO WILL PAY THE PRICE!

SOURCE: CHC

THE DAILY 'FUDGE'

- THEOLOGY VS SCIENCE
- GLOBAL VS LOCAL
- WALL EFECT VS TRANSPARENCY
- BIOMEDICAL CONSUCT VS SOCIO-EPIDEMIOLOGY
- EGALITARIANISM
  - EQUITY
  - ETHICS
  ← COOPTED IN AN INEQUITOUS WORLD
- MARKET PARADIGM VS SOCIAL PARADIGM

SOURCE: CHC Bangalore (RN)

QUESTION:

WHO

KILLED

PHC ?

ANSWER

W.H.O

KILLED

PHC !